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AMENDMENT TRANSMITTAL FORM

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Commissioner for Patents
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Customer No.: 23696
Attorney Docket No.: 020716
In Re Application of: Gregory Uvieghara
Serial Number: 10/643,283
Filed: August 18, 2003
Examiner: Kenneth Wells
Group Art Unit: 2816

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid | |
|--|--|---|------------------------|--|-----------------|----------|
| Total* | 27 | 30 | 0 | x \$18 = | \$0 | |
| Independent** | 4 | 4 | 0 | x \$88 = | \$0 | |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$300 | \$0 | |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$110 | \$0 |
| | | | | <input type="checkbox"/> Two Months | \$430 | \$0 |
| | | | | <input checked="" type="checkbox"/> Three Months | \$980 | \$980.00 |
| TERMINAL DISCLAIMER | | | | \$110 | \$ | |
| | | | | TOTAL FEE | \$980.00 | |

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$980.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: November 17, 2004

Signature: Nicholas J. Pauley

Nicholas J. Pauley, Reg. No. 44,999
Phone No. (858) 845-8405

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Theresa Badet
(type or print name)

Date: November 17, 2004

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name:

(type or print name)

Signature: Theresa Badet



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)
No. Gregory A. Uvieghara) For: SYSTEM FOR REDUCING
Serial No.: 10/643,283) LEAKAGE IN INTEGRATED
Examiner: WELLS, Kenneth B.) CIRCUITS DURING SLEEP
Filed: August 18, 2003) MODE (Title Amended)
Group No. 2811

COPY

LETTER TO OFFICIAL DRAFTSPERSON

Attention: Official Draftsperson
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Official Draftsperson:

Pursuant to MPEP § 608.02(r), applicant submits herewith one (1) sheet of proposed drawing corrections, showing Fig. 4 marked in red ink. Approval of these drawing corrections is respectfully requested.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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(type or print name)

Depositor's Name: _____
(type or print name)

Date: November 17, 2004

Date: _____

Signature: Theresa Badet

Signature: _____

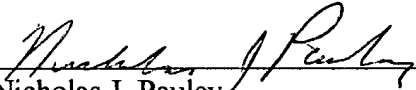
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If there are any fees due in connection with the filing of this response, please charge such fees to our Deposit Account No. 17-0026. If a fee is required for an extension of time under 37 C.F.R. 1.136 not accounted for, such an extension is requested and the fee should also be charged to our Deposit Account.

Respectfully submitted,

Dated: November 17, 2004

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